

Foster Family Home - Corrective Action Report

Provider ID: 1-160054

Home Name: Sheila Limon, CNA

1122A Ahe Ahe Avenue

Wahiawa

HI 96786

Review ID: 1-160054-5

Reviewer: Maribel Nakamine

Begin Date: 5/7/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Annual Visit to a 2 person CCFFH completed.

No deficiencies found. Home is in compliance with all requirements.

Maribel Nakamine, RD
Compliance Manager

Mk m
Primary Care Giver

5/7/2020
Date

5/7/2020
Date